

**UNITED STATES BANKRUPTCY COURT**  
**Northern District of California**

In re Garrett Yance Riller Sr. & Angela Davette Riller ,  
 Debtor

Case No. \_\_\_\_\_

Chapter 11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>

JCPenney Credit  
 Services  
 C/O GEMB  
 P.O. Box 981131  
 El Paso, TX  
 79998-1131

337.00

Hansen Ranch  
 Owners Association  
 c/o ASAP  
 331 Piercy Road  
 San Jose CA 95138

1,000.00  
 Collateral FMV  
 0.00

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	(5) <i>Amount of claim [if secured also state value of security]</i>
The Permanente Medical Group. 2200 O'Farrell Street San Francisco, CA 94115				2,000.00
Chase Bank P.O. Box 15298 Wilmington, DE 19850-5298				2,500.00
Advanta Box 30715 Salt Lake City, UT 84130				2,600.00
Ocwen Loan Servicing LLC P.O. Box 6440 Carol Stream, IL 60197-6440				865,802.00 Collateral FMV 850,000.00
Sutter Health 2200 River Plaza Drive Sacramento, CA 95833				25,000.00
BAC Home Loans PO Box 660694 Dallas, TX 75266				680,781.00 Collateral FMV 500,000.00
Franklin Credit Management Corporation P.O. BOX 620444 Indianapolis, IN 46262-0444				196,639.00 Collateral FMV 0.00

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing list of twenty largest unsecured creditors and that it is true and correct to the best of my knowledge, information and belief.

Date	<u>3/17/2011</u>	Signature	<u>/s/ Garrett Yance Riller Sr.</u> <u>GARRETT YANCE RILLER SR.</u>
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Date	<u>3/17/2011</u>	Signature of Joint Debtor	<u>/s/ Angela Davette Riller</u> <u>ANGELA DAVETTE RILLER</u>
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In re Garrett Yance Riller Sr. & Angela Davette RillerCase \_\_\_\_\_  
(if known)

Debtor

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): No dependents	AGE(S):
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation	board and care operator	nurse (RN)
Name of Employer	God Sent Care Center	Valley Memorial Hospital
How long employed	8 years	5 years
Address of Employer	7733 Bloomfield Terrace	Las Positas and Santa Rita
	Dublin CA 94568	Pleasanton CA 94588

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly.)	\$ 0.00	\$ 5,000.00
2. Estimated monthly overtime	\$ 0.00	\$ 0.00
3. SUBTOTAL	\$ 0.00	\$ 5,000.00
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ 0.00	\$ 800.00
b. Insurance	\$ 0.00	\$ 0.00
c. Union Dues	\$ 0.00	\$ 0.00
d. Other (Specify: _____)	\$ 0.00	\$ 0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 0.00	\$ 800.00
6.. TOTAL NET MONTHLY TAKE HOME PAY	\$ 0.00	\$ 4,200.00
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ 10,700.00	\$ 0.00
8. Income from real property	\$ 0.00	\$ 0.00
9. Interest and dividends	\$ 0.00	\$ 0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ 0.00	\$ 0.00
11. Social security or other government assistance (Specify) _____	\$ 0.00	\$ 0.00
12. Pension or retirement income	\$ 0.00	\$ 0.00
13. Other monthly income _____ (Specify) _____	\$ 0.00	\$ 0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ 10,700.00	\$ 0.00
15. AVERAGE MONTHLY INCOME (Add amounts shown on Lines 6 and 14)	\$ 10,700.00	\$ 4,200.00
16. COMBINED AVERAGE MONTHLY INCOME (Combine column totals from line 15)	\$ 14,900.00	

(Report also on Summary of Schedules and, if applicable,  
on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

None

In re Garrett Yance Riller Sr. & Angela Davette Riller

Case No. \_\_\_\_\_

Debtor

(if known)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>5,766.00</u>
a. Are real estate taxes included? Yes <u>✓</u> No _____	
b. Is property insurance included? Yes _____ No <u>✓</u>	
2. Utilities: a. Electricity and heating fuel	\$ <u>80.00</u>
b. Water and sewer	\$ <u>25.00</u>
c. Telephone	\$ <u>75.00</u>
d. Other <u>internet/cable</u>	\$ <u>100.00</u>
3. Home maintenance (repairs and upkeep)	\$ <u>25.00</u>
4. Food	\$ <u>750.00</u>
5. Clothing	\$ <u>25.00</u>
6. Laundry and dry cleaning	\$ <u>5.00</u>
7. Medical and dental expenses	\$ <u>50.00</u>
8. Transportation (not including car payments)	\$ <u>325.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <u>0.00</u>
10. Charitable contributions	\$ <u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ <u>80.00</u>
b. Life	\$ <u>0.00</u>
c. Health	\$ <u>0.00</u>
d. Auto	\$ <u>120.00</u>
e. Other _____	\$ <u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) <u>property taxes</u>	\$ <u>650.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ <u>0.00</u>
b. Other _____	\$ <u>0.00</u>
c. Other _____	\$ <u>0.00</u>
14. Alimony, maintenance, and support paid to others	\$ <u>0.00</u>
15. Payments for support of additional dependents not living at your home	\$ <u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ <u>10,245.00</u>
17. Other _____	\$ <u>0.00</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)	<b>\$ <u>18,321.00</u></b>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:	
<u>None</u>	
20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I (Includes spouse income of \$4,200.00. See Schedule I)	\$ <u>14,900.00</u>
b. Average monthly expenses from Line 18 above	\$ <u>18,321.00</u>
c. Monthly net income (a. minus b.) (Net includes Debtor/Spouse combined Amounts)	\$ <u>-3,421.00</u>

Garrett Yance Riller Sr. &amp; Angela Davette Riller

In re \_\_\_\_\_  
DebtorCase No. \_\_\_\_\_  
(If known)**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 18 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 3/17/2011Signature: /s/ Garrett Yance Riller Sr.  
DebtorDate 3/17/2011Signature: /s/ Angela Davette Riller  
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,  
of Bankruptcy Petition Preparer

Social Security No.  
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

\_\_\_\_\_  
Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership ] of the \_\_\_\_\_ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.